	7.005- <u>005</u>
REPORT COVERING:	FOR OFFICE USE ONLY

REPORT COVERING:	<del>-</del>						OFFICE USE (
JANUARY 1 through JUNE 30,  JANUARY 1 through DECEMI						20	50796
1. Name: Thornburg Is  Last  2. Business Address: 119 East	Marcy St		<u></u> <u>MU</u>	8750L			· .
Streez and No.		Ciry	State		-		
	954 - 5218 and Telephone Numi	жт		•		2010 635 8	
4. Employer:  5. Employer's address:  ——————————————————————————————————		<del>_</del>	ı			14 14 14 14 14 14 14 14 14 14 14 14 14 1	
6. Did you make an expenditure exceed	Street and No.	City	ent syste	State on official:	Z	±	• #4-77 22
From July 1 through June 30? From July 1 through December 31?	Yes		No 2 No L	MA NA	Ø		
If the answer to either question in N	lumber 6 above is Y	ES, complete Sch	edule A a	nd attach.			
7. Did you make expenditures exceedir	$_{ m ig}$ the sum of \$250 $lpha$	or a retirement sy	stem offi	cial:			
From Jenuary 1 through June 30? From July 1 through December 31?	Yes Yes		No D	XI D NA.	对		
If the onswer to either question in N	umber 7 above is YI	S, complete Scho	sdule A a	nd attach.			

	b. Total of all expenditures made January 1 through June 30:	s	
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$ <b>Ø</b>	<u> </u>
	d. Total of all expenditures made during the calendar year.	sφ	· ' ' .
2)	a. Name of Retirement System:	<u></u>	<u> </u>
	b. Total of all expenditures made January 1 through June 30:	\$	· .
	<ul> <li>Total of all expenditures made July 1 through December 31: (When applicable)</li> </ul>	\$	
	d. Total of all expenditures made during the calendar year:	ŧ	<del></del>
	Company of the Compan		•
3)	L. Name of Retirement System:	• ,	· ·
	b. Total of all expenditures made January 1 through June 30:	\$ <u></u>	
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$	
	d. Total of all expenditures made during the calendar year.	s	
	CERTIFICATION OF	ACCURACY	
	I hereby certify that the information contained h	•	rect to the best of my
	knowledge, information, and belief; that all reportable		
	_		•
	that no information required by ISA-R.S. 42:1114.21	nas been denberatery o	
	Signature of	Filer Peter Tree	visani
		Managing	(Y 1

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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures autiburable to the retirement system made during the Jamary 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures

made in a calendar year attributable to the retirement system.

Form 406, Rev. 8/04